

**APPLICATION DATA SHEET****Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: DRUG DELIVERY FROM RAPID GELLING  
POLYMER COMPOSITION  
Attorney Docket Number:: 110129.434  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	David
Middle Name::	M
Family Name::	Gravett
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	616 West 21st Avenue
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 1Y8

**S cond Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Hungary
Status::	Full Capacity
Given Name::	Aniko
Middle Name::	
Family Name::	Takacs-Cox
Name Suffix::	
City of Residence::	North Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	#103 – 4390 Gallant Avenue
City of mailing address::	North Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V7G 1L2

**Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Philip
Middle Name::	M
Family Name::	Toleikis
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	8011 Laburnum Street
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6P 5N8

**Fourth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Arpita
Middle Name::	
Family Name::	Maiti
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	#211 – 2920 Ash Street
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 4A6

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Leanne  
Middle Name::  
Family Name:: Embree  
Name Suffix::  
City of Residence:: Squamish  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 1070 Finch Drive, Box 45  
City of mailing address:: Squamish  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V0N 3G0

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/440,875	01/17/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/437,471	12/30/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	